

## PART B - FEE(S) TRANSMITTAL

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7590

02/18/2004

DR. MARK FRIEDMAN LTD.  
 c/o Discovery Dispatch  
 9003 Morin Way  
 Upper Marlboro, MD 20772



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/003,146      | 11/15/2001  | Michael M. Tillemann | 20129.0014U2        | 5949             |

TITLE OF INVENTION: OPTICAL CONVERTER WITH A DESIGNATED OUTPUT WAVELENGTH

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$665     | \$300           | \$965            | 05/18/2004 |

| EXAMINER    | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| LEE, JOHN D | 2874     | 359-330000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MARK M. FRIEDMAN  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TERRAOP LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MAGSHIMIM, ISRAEL

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-2146 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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03/31/2004 WASFAW2 00000020 062140 10003146

01 FC:2501 665.00 DA  
 02 FC:1504 300.00 DA

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